

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hodgdon) ATTORNEY DOCKET: 04237118
)
SERIAL NO.: 10/821,084) GROUP ART UNIT: 4156
)
FILED: April 8, 2004) EXAMINER: Eliza A. Squires
)
TITLE: INCENTIVE BASED HEALTH CARE INSURANCE PROGRAM
DATE: December 10, 2009

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

This Response constitutes a complete reply to the Final Office Action mailed June 10, 2009 in the above-identified application.

PETITION FOR EXTENSION OF TIME

Applicant hereby submits a petition for an extension of time of three months for submitting a response to the Office Action dated June 10, 2009 in the above-referenced application pursuant to 37 C.F.R. § 1.136(a). A shortened statutory period of three months was set in the Office Action and expired on September 10, 2009. Thus, with a three-month extension, a response to the June 10, 2009 Office Action is timely if filed on or before December 10, 2009. In connection with this petition, please find payment in the amount of \$555.00 submitted herewith pursuant to 37 C.F.R. § 1.17(a)(2). If there are any additional fees due in

connection with the filing of this response, please charge these additional fees (or credit any overpayment) to Deposit Account No. 13-0019.

REQUEST FOR CONTINUED EXAMINATION (37 C.F.R. § 1.114)

In addition, please withdraw finality of rejection and continue examination of the above-referenced Application, as amended herein below, under the provisions of 37 C.F.R. § 1.114. In connection with this request, please charge \$405.00 (as required under 37 C.F.R. § 1.17(e)) to Deposit Account No. 13-0019.

In connection with these requests, please charge a total of \$960.00 to Deposit Account No. 13-0019 to pay the applicable fees. If any additional fee is deemed payable (or overpayment creditable) in respect of this communication, please charge or credit such a fee to Deposit Account No. 13-0019.

Claims begin on page 3.

Remarks begin on page 13.